

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

09782702
APPLICANT(S)

02/21/01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9	1					
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
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17	1					
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26	1					
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47						
48						
49						
50						
TOTAL IND.	6	1		1		1

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		1		1		1